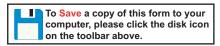
STATE OF ARKANSAS



CIRCUIT COURT, JUVENILE DIVISION: EJJ COVER SHEET (Page 1 of 3)

The juvenile division reporting form and the information contained herein shall not be admissible as evidence in any court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law or Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions are located on the back of the form. FILING INFORMATION: _____ District: ____ County: _____ Case Number: JV-Judae: _ Division: ____ EJJ Petition Filing Date: ____ EJJ Motion Filing Date: Name of Juvenile: Date of Birth: First Last Middle Social Security No. Sex: □ Male □ African American □ Hispanic □ Female □ Asian Race: □ Native American □ Caucasian □ Other School Status:

Under School Age □ Full-Time Student □ Part-Time Student □ Special Education Student □ Not Attending □ Suspended □ Expelled □ Withdrawn Manner of Filing: □ Original □ Motion to designate EJJ ☐ Transfer from: ☐ Circuit, Criminal □ Other Related Case(s): Judge______ Case Number(s) Custody Information: Child Taken Into Custody By: Custody Date: □ Law Enforcement Officer Child:

Taken to Juvenile Detention

Issued a Citation □ Other ____ □ Placed In Jail □ Returned Home Arrest Information: Offense Date: _____ Offense Age: _____ Arrest Tracking Number: ____ SID Number: ____ _____ Type ____ Class ____ Counts ___ Offense Name 1 Code Number _____ Type _____ Class ____ Counts ____ Offense Name 2. Code Number ______ Type _____ Class ____ Counts ____ Offense Name 3. Code Number 4. Code Number _____ Type ____ Class ____ Counts ____ Offense Name Type _____ Class ____ Counts ____ Offense Name ___ Code Number ____ Firearm Used:

Yes

No

Unknown DISPOSITION INFORMATION: Attorney Information: Child's Attorney Name: **Detention Hearing** Child's Attorney Present: ☐ Yes ☐ No Hearing Date: Type: □ Bench □ Plea Order Date: _____ Continue Detention □ Release: □ Personal Recognizance □ Parent, Guardian or Custodian □ Order to Appear □ Qualified Person or Agency □ Bond □ Reasonable Restrictions □ Other

Clerk's Signature Form AOC 34 10-01

Date

(Hearing and Disposition Information Continued on Page 2)

EJJ COVER SHEET CONTINUED (Page 2 of 3)

Juvenile Name:			Ase Number: <u>JV-</u> ====================================			
	ON (CONTINUED) : Hearing Date: Order Date: ted - Date of Scheo	Date: Bench □ Plea Date: Scheduled EJJ Adjudication				
Competency Hearing: Chi						
Juvenile Found: ☐ Fit to Proceed	□ Unfit to Pro	cood	Hooring Date		Order Date:	
☐ Had Capacity					Order Date:_	
EJJ Adjudication/Disposit						Present: □ Yes □ No
200 Majaaroatrom 210 poort			ench □ Plea □			1000HL = 100 = 140
		Order	Date:			
□ EJJ Petition Dismissed□ EJJ Adjudicated for the fo□ EJJ petition reduced to de						
1. Code Number	Т	уре	Class	Counts _	Offense Name _	
2. Code Number	т	уре	Class	Counts _	Offense Name _	
3. Code Number	т	уре	Class	Counts _	Offense Name _	
Disposition: Hearing Da	re.		Oı	der Date:		
□ Commit to DYS □ Placement in: □ □ Grant permanent □ Transfer custody: □ Order juvenile to s □ Order family mem □ Order parent/gual □ Order: □ P □ □ Suspended Drives	custody to an indiv Licensed Agen submit to evaluation ber to submit to ev rdian to attend pare rdian to pay juvenile robation: # Months restitution \$	ridual ncy □ ns: raluation ent respo e cost of	Relative	ner ysical ysical program mmitment eterminate blic Service:	•	□ Psychological □ Psychological □ Other
DYS Release Hearing:	Petition Date:				Child's Attorney	Present: □ Yes □ No
	Hearing Date:					
□ Juvenile release from D\ □ Juvenile release from D\	S commitment gra	anted				
Clerk's Signature			Di	ate		

Form AOC 34 10-01

Effective 1-1-2002

EJJ COVER SHEET CONTINUED (Page 3 of 3)

Juvenile Name:	Case Number: <u>JV-</u> 						
	Hearing Date:			Child's Attorney Present: □ Yes			
•	Order Date:						
□ Amend juvenile disposition to	include:						
□ Add juvenile disposition to inc	lude:						
□ Enter adult sentence of:	and with the state of the state	· · · · · · ·					
Additional Court Action							
Hearing Date:	Order Date: _						
□ Adoption	□ Guardianship	□ Civ	il Commitment	□ Paternity			
□ Custody	□ Child Support	□ IV- [O Case (For OCSI	E use only)			
Plaintiff SSN:		DOB:					
Defendant SSN:		DOB:					
		DOB: DOB: DOB:		SSN:SSN:			
Payee (Custodial Parent/Other) A	ddress:			······			
Public Law 104-193 Information: ☐ () Custody Placed W ☐ () Child Support ☐ () Spousal Support ☐ () Order of Protection ☐ () Income Withholding	☐ New ☐ New ☐ Plaintiff ng Employer Address		☐ Terminated ☐ Terminated ☐ Child				
Clerk's Signature		Da	te				
AOC 34 10-01			Send 1 paper or	electronic copy to AOC upon Filing.			

Little Rock AR 72201

Effective 1-1-2002

625 Marshall Street

Send 1 paper or electronic copy to AOC upon Filing. Send 1 paper or electronic copy to AOC upon Disposition. Keep original in Court file.